

Occupational/Restricted Driver License Application

RCW 46.20.391

For validation only. 106-040-254-0005

Eligibility information is on the next page

| | | | |
|--|-----------------------|--|----------|
| PRINT OR TYPE —Name of applicant (<i>Last, First, Middle initial</i>) | | ORL fee _____ Date received _____ LSR initials _____ Office no. _____ | |
| Residence address | | | |
| City | | State | ZIP code |
| Mailing address | | | |
| City | | State | ZIP code |
| Date of birth | Driver license number | Social Security number <small>Mandatory for child support laws, 42 USC 666(a), RCW 26.23.150. Kept on file at DOL. Used for identification, 42 USC 405.</small> | |

Verification of Eligibility—This section must be completed by an authorized individual

| | | |
|---|---|---|
| Reason for driving | | |
| Select one reason only. A separate application must be completed for each reason. Applicant needs to drive for: <input type="checkbox"/> Work, including self-employment, WorkFirst, apprenticeship, or on-the-job training. <i>Must be completed by employer, business owner, or a WorkFirst representative.</i> <input type="checkbox"/> School. <i>Must be completed by the school administrator/registrar.</i> <input type="checkbox"/> Court-ordered community service. <i>Must be completed by a representative of the court.</i> <input type="checkbox"/> Substance abuse treatment/ 12-step meetings. <i>Must be completed by the treatment provider or 12-step group leader.</i> <i>Is transit service available?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Continuing healthcare for yourself. <i>Must be completed by your healthcare provider.</i> <input type="checkbox"/> Continuing care of a dependent. <i>Must be completed by the applicant.</i> <i>Name(s) of dependent(s)</i> _____ <i>Relationship to dependent(s)</i> _____ <i>Statement of dependency and need for continuing care:</i> <i>Enclose additional pages if needed. Insufficient explanation may result in a request for additional documents.</i> _____ _____ _____ | | |
| Required driving hours (Not over 12 hrs in a 24 hr period) From _____ <input type="checkbox"/> am <input type="checkbox"/> pm To _____ <input type="checkbox"/> am <input type="checkbox"/> pm | Days required <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S | Geographical driving area (County or city) _____ |

If “Continuing care of a dependent” was selected as the reason above, skip to the “Applicant Affidavit” section.

PRINT OR TYPE—Name and title of individual completing this section

| | | | |
|---|-------|--------------------------------|------------------------------|
| Name of organization (<i>i.e. company, court, medical center, etc.</i>) | | UBI or business license number | |
| Organization street address | | | |
| City | State | ZIP code | (Area code) Telephone number |
| Signature of individual completing this section | | | |
| X | | Date | |

Applicant Affidavit

| | | |
|---|-----------------------------------|------|
| Applicant signature <i>I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</i> X | | Date |
| (Area code) Home telephone number | (Area code) Work telephone number | |

If your driver license has been suspended or revoked you may be eligible for an Occupational/Restricted License (ORL).

An ORL can be used to drive to:

- work, including self-employment, WorkFirst, apprenticeship, or on-the-job training.
- school.
- court-ordered community service.
- substance abuse treatment or 12-step meeting if no transit service is available.
- a healthcare provider.
- anywhere that is required to provide continuing care of someone who is dependent on you.

To be eligible:

- your driver license had to be valid on the date of conviction or before the date of any suspension/revocation.
- you had no convictions for vehicular assault or vehicular homicide within seven years before the incident for which you are requesting the ORL.
- your suspension/revocation is not for minor in possession, vehicular assault or homicide, intermediate license violations, failure to pay child support, fraud, violation of court-ordered probation, medical or vision reasons, habitual traffic offender status, or failure to enter into or comply with a required alcohol/drug treatment program.
- you cannot get an ORL to operate a commercial motor vehicle (Chapter 46.25 RCW).

To apply

Complete a separate application for each reason for driving.

1. Submit proof of financial responsibility with us by filing **one** of these:
 - a Certificate of Insurance (SR-22). *(This is the most common. An insurance agent can help you but you should allow several weeks for the process.)*
 - a State Treasurer's certificate of deposit of \$60,000 or approved collateral of equal value.
 - a surety bond executed by the person giving proof and a surety company duly authorized to do business in this state, or by the person giving proof and by two individual sureties.
2. If you are applying because:
 - of an alcohol-related suspension or revocation, you must get an ignition interlock installed in all vehicles you drive. The provider will submit proof of installation to us.
 - of a conviction, verify that we have record of the conviction on file before you submit your application. We cannot process an application without the conviction on file.
 - you did not pay a ticket or appear in court (FTA), submit proof that you have entered into a payment plan with the court. Each FTA suspension requires proof from the related court.
3. Take this completed application(s) and a \$100 nonrefundable fee to any driver licensing office or mail them to:
Occupational/Restricted License
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Waiting period

An ORL cannot be issued during the:

- initial 30 days of the suspension if this is your first DUI arrest.
- initial 90 days if this is your first DUI and you refused the test.
- first year if it is your second or subsequent DUI arrest or refusal.

Once your application has been processed and you have met all the requirements, we will mail the ORL to you.

Keeping your ORL

The ORL will restrict:

- the times you may drive.
- the vehicles you may drive.
- the area in which you may drive.

Your ORL will be cancelled if any of the following occurs:

- you are convicted of violating the ORL restrictions.
- you commit an offense that requires us to suspend/revoke your driving privilege while the ORL is in effect.
- we receive evidence that your reason for driving is no longer valid.

Questions?

If you have further questions, call customer service at (360) 902-3900 or visit dol.wa.gov.